MEDICAID MEMO

Last Updated: 03/09/2022

Reimbursement Rates for Addiction and Recovery Treatment Services (ARTS) - Effective April 1, 2017

This memo notifies providers of reimbursement rates for Addiction and Recovery Treatment Services (ARTS). These changes are effective for dates of services on or after April 1, 2017. The March 1, 2017 Medicaid Memo summarizes the ARTS program design and benefit changes that will be posted in the new ARTS Provider Manual in detail on April 1, 2017.

Rates have increased for the following ARTS Community Based Care services: Substance Use Case Management, Substance Use Disorder (SUD) Intensive Outpatient, and SUD Partial Hospitalization. **New services** will be implemented effective April 1, 2017 under the ARTS benefit for the following: Medically Managed Intensive Inpatient Services for adults, SUD Residential Treatment and Group Home Services for adults and children, Comprehensive Medication Assisted Treatment (MAT) in Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) Providers, and Substance Use Care Coordination in OTPs and OBOTs. Presumptive and Definitive drug class screenings have been added as services for MAT for all settings. Rates for practitioner evaluation and management codes as well as outpatient psychotherapy services have not changed, and payment reflects provider education level.

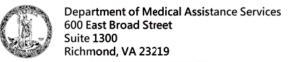
New ARTS services and rates are shown in the table below:

Billing Code	Description	Unit	Rate
H0006	Substance Use	month	\$243
	Case		
	Management		
H0015 or	SUD Intensive	1 day	\$250
H0015/rev0906	Outpatient		
	Services		
S0201 or	SUD Partial	1 day	\$500
S0201/rev	Hospitalization		
0913	Services		

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H0011/Revenue code 1002	Medically Managed Intensive	1 day	Inpatient Psychiatric Per Diem (Some MCOS will pay DRG)	
	Inpatient			
	Services			

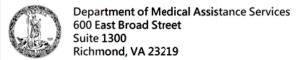
Billing Code	Description	Unit	Rate
H2036	Medically	1 day	
Revenue code	monitored		Psychiatric Units &
1002	intensive inpatient		Freestanding Psychiatric
	services (Adult)		Hospitals = inpatient
Adult - use	(1200)		psychiatric per diem rate
modifier HB	Medically		
	monitored high		Residential Treatment Center
Adolescent - use	intensity inpatient		Per Diem (Maximum \$393.50)
modifier HA	services		· · · · · · · · · · · · ·
	(Adolescent)		
H0010	Clinically	1 day	
Revenue code	managed high-	l aay	
1002	intensity		
	residential		Residential Treatment Center
Adult - use	services (Adult)		Per Diem (Maximum \$393.50)
modifier HB	(1200)		2 01 2 10111 (1 141111141111
	Clinically		
Adolescent - use	ı -		
modifier HA	intensity		
	residential		
	services		
	(Adolescent)		
H0010	Clinically	1 day	
Revenue code	managed		Residential Treatment Center
1002	population-specific		Per Diem (Maximum \$393.50)
	high intensity		
Use modifier TG	residential		
	services		
H2034	Clinically	1 day	
	managed low		\$175
	intensity		
	residential		
	services		
H0014	OTP/OBOT	encounter	
	Medication		\$140
	Assisted		
	Treatment		
	(MAT) day one		
	induction -		
	Physician		



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H0004*	OTP/OBOT Opioid Treatment - Individual Counseling	1	\$24.00
H0005*	OTP/OBOT Opioid Treatment - Group counseling and family therapy	1	\$7.25
G9012	OTP/OBOT Substance Use Care Coordination	month	\$243
H0020	OTP Medication Administration	encounter	\$8.00
80305-80307	MAT Presumptive drug class screening	CPT values	See DMAS fee schedule
G0480-G0483	MAT Definitive Drug Classes	HCPCS values	Rates as of 4/1/17: G0480- \$79.74 G0481-\$122.99 G0482-\$166.03 G0483- \$215.23

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Billing Code	Description	Unit	Rate



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S0109 J0572 J0574 J0575 J2		(administered in clinic)	values	S0109 Methadone oral 5 mg \$0.26/5 mg J0571 Buprenorphine, oral, 1 mg \$1.00/unit J0572 Buprenorphine/naloxone oral <=3 mg \$4.34/unit J0573 Buprenorphine/naloxone oral >=3 mg but <= 6 mg \$7.76/ unit J0574 Buprenorphine/naloxone oral >=6 mg but <=10 mg \$7.76/unit J0575 Buprenorphine/naloxone oral >10 mg \$15.52/unit J2315 Naltrexone Injection, depot form, 1 mg \$3.25/unit
*Reimb	*Reimbursed without regard to education level			

The ARTS Provider Manual along with the ARTS reimbursement structure provide detail on care settings, billing codes, ASAM Level, units, rates, and authorization requirements. The draft version of the ARTS Provider Manual will be available the week of March 6, 2017 on the Virginia Regulatory Town Hall General Notices at http://townhall.virginia.gov/L/ViewNotice.cfm?gnid=680.

The ARTS reimbursement structure is available from:

http://www.dmas.virginia.gov/Content_atchs/bh/ARTS%20Reimbursement%20Structure%2002132017.p df. In addition, rates for ARTS services can be downloaded from the DMAS Provider Reimbursement web page, Procedure Fee Files and CPT Codes: http://www.dmas.virginia.gov/Content_pgs/pr-ffs_new.aspx.

ADDITIONAL INFORMATION ON ARTS SERVICES:

http://www.dmas.virginia.gov/Content Pgs/bh-sud.aspx

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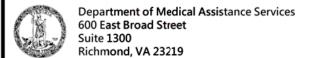
MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of 1-800-424-4046 Virginia toll free аt or bу visiting www.magellanofvirginia.com submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for- service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:



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- Medallion 3.0: http://www.dmas.virginia.gov/Content pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC):
 http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.a
 spx
- Commonwealth Coordinated Care Plus (CCC Plus): http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.a
 spx
- Program of All-Inclusive Care for the Elderly (PACE):
 http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20V
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VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)



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Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.